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V. Organization of Health Services

744 647 It is most important that a properly organized program should be established to carry out the suggested medical services and preventive health measures.

The existing organization for the health services is highly centralized—first within the Ministry of Social Affairs in Baghdad, then in the hands of the Chief Medical Officers of each province. The whole system appears to be too rigid throughout, without sufficient delegation of responsibility and without enough consultation among departments of the Ministry or with those of other Ministries. Certain medical problems (e.g. health in irrigation schemes, nutrition, etc.) concern other ministries or departments (irrigation, agriculture, education, etc.). To be really effective, boards or committees should include representatives of all groups concerned.

There is no general board of public health but there are various committees with different functions. The Director General of Health is responsible for the licensing of private practitioners and pharmacists, and he has a committee to assist him. But it is the Minister who sets up a committee to consider disciplinary Cases brought against practitioners or pharmacists by the Director General of Health. There is also a committee consisting of three Directors General and two other members nominated by the Minister who act in an advisory capacity to the Minister. It would be reasonable to expect the Directors General to be given wide powers without need for frequent reference to the Minister.

744 647 732 747 The health services have been repeatedly reorganized. The latest reorganization still does not appear to have defined very clearly the principal lines of responsibility. The Director General of Health is to be largely responsible for the curative services; a Director General of Health Affairs, for the public health services of Baghdad, Basra, Mosul, and Kirkuk, for the mobile dispensaries, and for health projects in cities, villages, and the countryside; and a Director General of Social Services, for the supervision of the administration of the institutions for the disabled and the blind, supervision of reformatories and health conditions in prisons and

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for the promotion of 'social centers'. It is understood he will also "take an interest" in the numerous voluntary societies that undertake work of a social and medical nature.

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While this organization does not seem satisfactory, no alternative can be suggested at the moment without further study. The Mission would recommend that a foreign public health administrator be appointed to advise the Minister of Social Affairs on the organization and further development of the health services. His appointment, incidentally, would enable the Professor of Preventive Medicine in the Royal Faculty of Medicine, who is at present also acting as adviser to the Ministry of Social Affairs, to devote his full time to teaching and research.

The public health administrator should have had wide experience in the Middle East or in a tropical or sub-tropical country. He should have a good knowledge of the English language. To assist him he will require the services on temporary appointment of a foreign epidemiologist and a public health or sanitary engineer. The epidemiologist would undertake a study of the most prevalent diseases and recommend the best methods of attacking them. The public health engineer should have had considerable experience, preferably in a state medical service in a tropical or sub-tropical country, and be able to speak English. He would advise on measures to be taken to improve sanitation and environmental hygiene throughout Iraq and assist, if necessary, in teaching at the Royal Faculty of Medicine.

The public health administrator would require sufficient and suitable transport for himself and his staff; he would also need adequate office accommodation and office staff for himself and his own expert staff (epidemiologist and public health engineer). He should have at all times direct access to the Minister of Social Affairs.

As a result of the studies made by this team of advisers, it may be possible to give the organization of the health services a clearer focus. In any such scheme the preventive aspects of public health will need to be featured much more prominently. Although the borderline between curative and prophylactic measures may not always be clear, it may prove feasible to have one division responsible for all the services primarily curative